

Marine Corps Beneficial Suggestions Program



SUGGESTION EVALUATION

Originating Organization:	Beneficial Suggestion Administrator:
Beneficial Suggestion Title:	Suggestion Number:

SECTION I- ACTION RECOMMENDED (Section I-Section III: To be completed by subject matter expert evaluator.)

<input type="checkbox"/> APPROVED FOR ADOPTION (Include implementation date in Section II)	<input type="checkbox"/> TOTAL	<input type="checkbox"/> PARTIALLY OR WITH MODIFICATION
	<input type="checkbox"/> RECOMMEND CONSIDERATION FOR BROADER USE	

- ☐ ADOPTION RECOMMENDED, BUT APPROVAL/IMPLEMENTATION NOT WITHIN AUTHORITY OF THIS COMMAND
☐ ADOPTION NOT RECOMMENDED, BUT DISAPPROVAL NOT WITHIN AUTHORITY OF THIS COMMAND
☐ DISAPPROVED FOR ADOPTION ☐ OTHER (Explain in Section II)

SECTION II- EXPLANATION OF RECOMMENDED ACTION Include a statement as to how the suggestion was or will be implemented for all approved suggestions. (If additional space is needed, continue on reverse.)

EXPLAIN THE REASONS FOR ACTION TAKEN OR RECOMMENDED:
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SECTION III- PROJECTED BENEFITS (Complete for all suggestions approved or recommended for approval.)

- ☐ TANGIBLE (Show actual or estimated dollar savings, including the cost of conversion and first year savings.)

(a) FACTORS	LABOR			MATERIAL			TOTAL COST OF LABOR AND MATERIALS
	MANHOURS INVOLVED	COST PER MANHOUR	TOTAL COST	NUMBER OF UNITS	COST PER UNIT	TOTAL COST	
FORMER METHOD							
NEW METHOD							
						TOTAL DOLLAR BENEFITS	
(b) COST OF CONVERTING TO NEW METHOD: LABOR \$ _____ MATERIAL \$ _____ TOTAL \$ _____ <input type="checkbox"/> ACTUAL <input type="checkbox"/> ESTIMATED				(c) TOTAL FIRST YEAR NEW DOLLAR BENEFITS (Labor and material savings less cost of conversion.) \$ _____ - \$ _____ = \$ _____			

- ☐ INTANGIBLE (Describe effect on operations, health, safety, welfare, or moral; and number of people and specific organizations affected.)

VALUE OF BENEFIT: ☐ MODERATE ☐ SUBSTANTIAL ☐ HIGH ☐ EXCEPTIONAL
EXTENT OF APPLICATION ☐ LIMITED ☐ EXTENDED ☐ BROAD ☐ GENERAL

EXPLAIN THE FACTORS SELECTED FOR VALUE OF BENEFIT AND EXTENT OF APPLICATION:
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DATE:	NAME, TITLE & TELEPHONE NUMBER OF EVALUATOR	SIGNATURE & TITLE OF RESPONSIBLE OFFICIAL
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Originating Organization:	Beneficial Suggestion Administrator:	
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SECTION II (CONTINUED) - EXPLANATION OF RECOMMENDED ACTION Include a statement as to how the suggestion was or will be implemented for all approved suggestions.

EXPLAIN THE REASONS FOR ACTION TAKEN OR RECOMMENDED:

DATE:	NAME, TITLE & TELEPHONE EXTENTION OF EVALUATOR	SIGNATURE & TITLE OF RESPONSIBLE OFFICIAL
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